



OPERATION PERMIT APPLICATION FOR ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM

Division of Water
Delaware Department of Natural Resources and Environmental
Control 89 Kings Highway, Dover DE 19901
302-739-9948

Please complete all items in print or type.

1. Permit Number (For renewals only): **359080**

2. Facility Owner/Permittee Information:

Name of Facility:

EAGLES NEST CHURCH

Name of Facility Owner/Permittee:

JOHN McTERNAN

Telephone Number:

302.684.3149

Fax Number:

Facility Owner or designee's Email Address :

johnmcternan@eaglesnest.ch

Mailing Address (street, city, state and zip code):

**26633 ZION CHURCH ROAD
MILTON, DELAWARE 19968**

Location of Facility (street, city, state and zip code):

3. Facility Operator Information:

Facilities with more than two operators, please attach a separate listing of operator information including a chain of command.

Name of Operator in Direct Responsible Charge:

JOSEPH GODWIN

Telephone Number:

302.272.8077

Fax Number:

Mailing Address (street, city, state and zip code):

**4847 DEEP GRASS LANE
HOUSTON DE 19954**

License Number:

806

Name of Back Up Operator(s):

ROGER BREEDING

Telephone Number:

302.542.2808

Fax Number:

Mailing Address (street, city, state and zip code):

27 WOODLAND DR SEAFORD, DE 19973

License Number:

711

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4. Permit Changes (For renewals applicants only) :

Are there any requested changes to the existing permit?

____ Yes ☒ No If yes, please attach a detailed explanation of requested changes.

5. Activities:

Will the activities at the site vary from those detailed in the approved on-site wastewater treatment disposal ?

____ Yes ☒ No If yes, please attach a detailed explanation of any changes made.

How many connections does the site consist of? _____

6. Certification:

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Applicant or Responsible Official:

JOHN G. McTERMAN JR.

Title of Applicant or Responsible Official:

CARE
PASTOR

Signature of Applicant or Responsible Official:

Date:

6.30.26

Any person who knowingly makes any false statements, representation or certification on this application may be punished by a fine of not more than \$5,000 or by imprisonment for not more than six months, or both. (Delaware Environmental Protection Act, 7 Del. C., Chapter 60, Section 6013, Criminal Penalties.)

A \$250.00 application fee, and a \$210 .00 advertisement fee must be submitted to the Department with this application form. A Public Notice will be advertised by the Department in the News Journal and the Delaware State News. It will remain on Public Notice for 15 calendar days.

RETURN TO: Derrick Caruthers
Division of Water
89 Kings Highway
Dover, DE 19901